

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101594.195

FILING DATE

9-25-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1	e	1		
5		1		1		
6		1		1		
7		1	e	1		
8		1		1		
9		1	e	1		
10		1	e	1		
11		1		1		
12		1	e	1		
13		1		1		
14		1	e	1		
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		1		1		
23		1	e	1		
24		1		1		
25		1	e	1		
26		1		1		
27		1	e	1		
28		1		1		
29		1	e	1		
30		1		1		
31		1		1		
32		1		1		
33		1	e	1		
34		1		1		
35		1		1		
36		1		1		
37		1		1		
38		1	e	1		
39		1		1		
40		1	e	1		
41		1		1		
42	1		1			
43		1		1		
44		1	e	1		
45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	4		4			
TOTAL DEP.	43		25			
TOTAL CLAIMS	47		29			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						